

# Health Care Guidance Program, Coordinating with you for better care!

Updated  
January 21, 2014



BUSINESS  
CARE  
CONNECTIVITY

# Goals and Objectives:

- Origin of the 1115 Research and Demonstration Waiver-Nevada Comprehensive Care Waiver (NCCW)
- Overview of Care Management Organization (CMO) Services
- Integrated roles between McKesson, Physician, Nurse Social Worker, and Medicaid Recipients.

# 1115 Research Demonstration Waiver Overview:

- In the summer of 2011, the idea of establishing **a mechanism for our sickest Medicaid** beneficiaries who did not currently have any form of medical care management was discussed.
- In April, 2012, the DHCFP applied to CMS for an 1115 Research & Demonstration Waiver which encouraged new and innovative methods for Medicaid Administration and allowed us to waive some of the Federal Medicaid requirements, in order to allow us to shape the program in a way that works best for Nevada Medicaid recipients.
- On June 28, 2013, we received approval for what is now known as the Nevada Comprehensive Care Waiver (NCCW).

# Overview of Care Management Organization (CMO) Services:

- The first phase of the NCCW was the implementation of the Care Management Organization, or CMO. The CMO will be operated by the vendor, McKesson.
- The CMO is a much anticipated program that will require teamwork and communication between the DHCFP and McKesson.

# What is the Care Management Organization?

# Goals of Program Design Overview

Success is...



1. Care Management Organization Goals
2. Core Program Components

# Shared Goals

The Care Management Organization Will Improve...

**Quality of Care**



**Health Outcomes**



**Satisfaction**



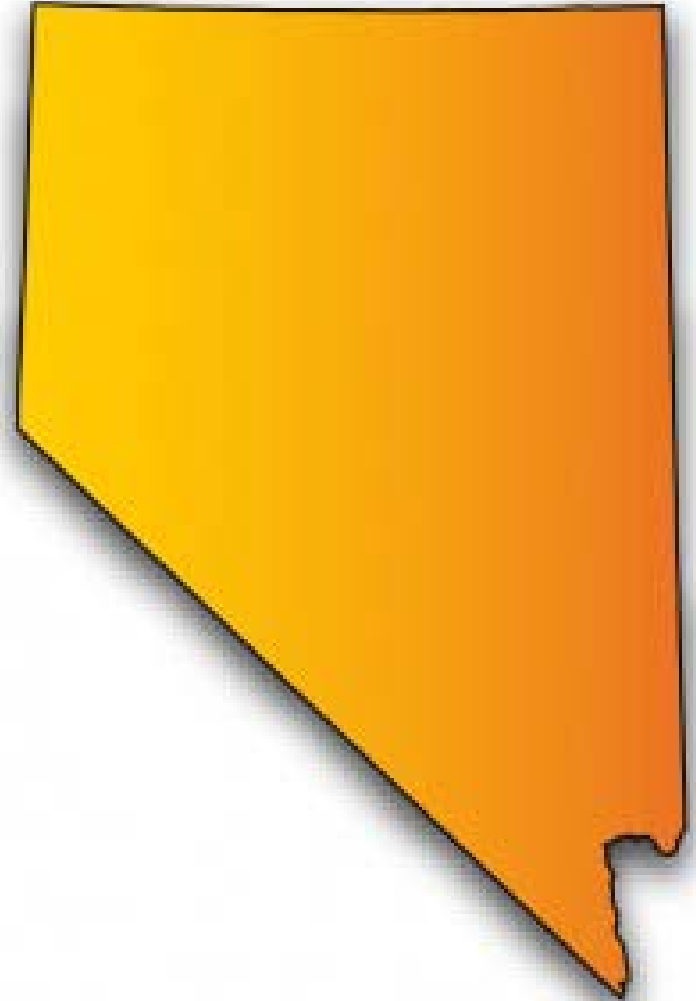
**Cost Reductions**



# Commitment to Nevada

## Steps To Support Our Local Presence

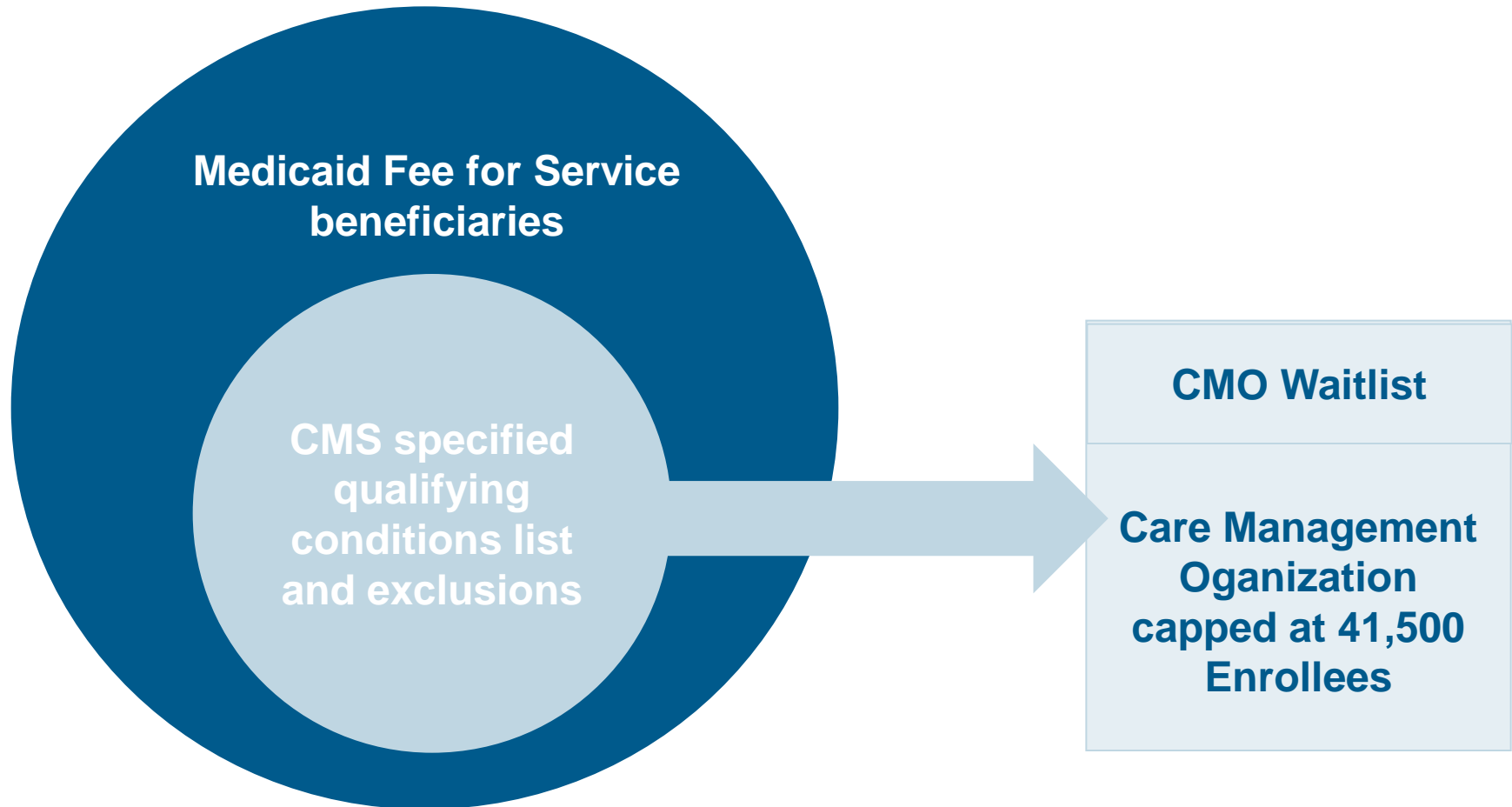
- Establish local office for program management staff
- Hire local medical director and part-time BH medical director
- Hire Nevada-based care management staff
- Align staff hiring to location of members





# Who is Eligible to Participate

The Care Management Organization Will Serve...



***Participation is mandatory***

# Medicaid Populations Excluded

## Who is not eligible to participate?

- Dual-Eligible's
- Adoption assistance, foster care
- Home and community based service waivers
- Those receiving Targeted Case Management (TCM)
- MCO enrollees
- Nevada Check-Up enrollees (CHIP)
- Section 1915(c) Waiver enrollees
- Emergency Medicaid
- Residents of Long-Term Care facilities / SNF
- New eligible's

# Core Program Components

The Care Management Organization Will Provide...

## Enrollee Services

- Population Analytics
- Care Alerts/Gaps in Care
- Health Education/Coaching
- 24x7 Nurse Advice Line Support
- Eight Care Management Programs
- Online Health Resources
- Administrative and Support Functions

## Provider Services

- Claims-Based Member/Provider Linkage
- Provider Profiling and Care Alerts
- Provider Outreach
- Practice Improvement

## Administrative Services

- Enrollment and Disenrollment
- Medical Records
- Quality Assurance
- Grievances
- Technical Infrastructure
- Reporting
- Account Support
- Implementation Services

# Core Components of the CMO

## The Care Management Organization Will Provide...

- A Comprehensive Assessment
- Assistance with selection of a Primary Care Physician
- Develop and maintain a Care Plan
- Eight Care Management Programs
  1. Disease Management Intervention
  2. Care Management Intervention
  3. Oncology Care Coordination
  4. Chronic Kidney Disease Management
  5. Mental Health Program
  6. Pregnancy Care Coordination
  7. Complex Condition Care Management
  8. Health Care Management

# Program Delivery

## Care Management and Coordination



# Enrollee Management

# Goals of Enrollee Management

Success is...



1. Understand VITAL Business Insight Assessment
2. Review Program Assignment Criteria

# VITAL Business Insight Assessment

## Each Enrollee, The Right Intervention



- Through an assessment process, the CMO will determine the appropriate levels of intervention for those enrolled in the program
- The CMO assessment will determine each Beneficiary's needs for care and for coordination

VITAL Business Insight Assessment determines the optimal program assignment for each Enrollee



# Recipient Assessment

## Opportunity for Collaboration



Claims and Provider data  
UM Authorizations  
Data from Agencies

- Physical Health
- Emotional Health
- Psychological Health
- Functional Status
- Current Health and Health History
- Self Management Knowledge
- Current Treatments
- Support for using a PCP

# VITAL Business Insight

## Predictive Modeling

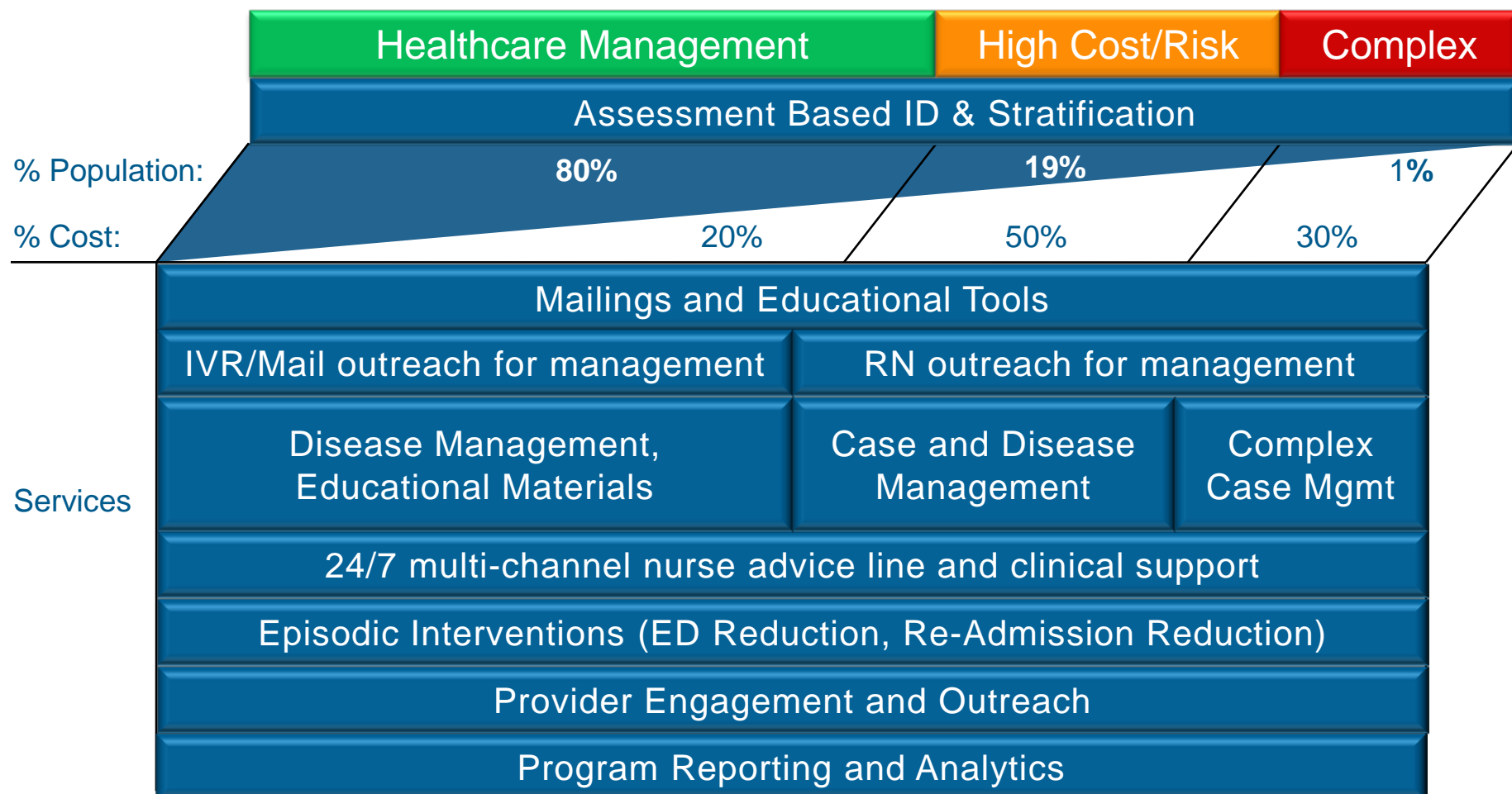


- Predictive Modeling Based on Regression Analysis
- Inclusive of 500+ Explanatory Variables
- Risk and Impactability Prediction are Needed for Successful Care Management
- Prospective Risk Scores
  - Total Risk
  - Chronic Risk
  - Behavioral Health Risk
- Impactability Score

McKesson's analytics help focus care management resources by directing targeted services to the most impactable Enrollees.

# VITAL Business Insight

## Stratification Distribution



# Complex Condition Care Management

## Intensive Care Management Services



Case Management is a Process for Achieving an Individual's Highest Level of Wellness and Functional Capability

- Uses McKesson's QI-7 compliant content and holistic care planning
- Provides an intensive level of management for a shorter period of time
- Targets those with greatest complexity of illness or cost of care
- > \$100k, CKD, Oncology, Maternity, and Behavioral Health

# Care and Disease Management

## Long-term Behavior Change



- Same Platform, Content and Patented Care Planning for Disease, Case and Mental Health Management
- Removes Barriers to Care, Improves Medication Compliance, Teaches Self Management and Enhances Provider Relationships
- Coaching Contacts Resulting in Long-term Behavior Change
- Focus: Asthma, CAD, COPD, Diabetes, and Heart Failure, Major Depression, Bipolar, Schizophrenia

# Healthcare Management

## Nurse Advice Line and Episodic Interventions



**82%**  
of Callers with a Pre-intent  
to Seek Care at ED are  
Redirected to a Less  
Costly Level of Care

**VITAL Health  
Coaching Empowers  
Enrollees to be Active  
in Self-management**

**All Nurses are  
Licensed in the  
State Where the Call  
Originates**

*Our certified and accredited nurse advice service, staffed by an experienced team of nurses, is available 24x7 to direct your Enrollees to the most appropriate level of care*

# Operations



# Operations – Staff Model

## Nevada Care Management Team



- Physical Health and Behavioral Health Complex Case Management Registered Nurses
- Physical Health and Behavioral Health Disease Management Registered Nurses
- Social Workers
- Health Resource Coordinator
- Lay Community Educators
- Peer Supports
- Nutritionist
- Supervisors

Staff Provide Telephonic and Face-to-face Support for Nevada Enrollees and Providers  
Live and work in the communities they serve



# Operations – Hiring



Staff will be geographically located across the state of Nevada to support your Medicaid population.

Staff with diverse clinical backgrounds and case management experience are required.

Staff familiar with support programs throughout their geographical areas.

# Quality Structure



# Provider Engagement

# Goals of Provider Engagement

## Good Primary Care Improves Outcomes and Reduces Costs



- Provider Awareness and Role in Care Planning
- Improved Clinical Metrics Patient Outcomes
- Engage Thought Leaders
- Reduce Inappropriate Utilizations
- Enhance Coordination with BH and Other Specialists
- Increase the Number of Enrollees Under Management
- Provider Education and Spread of Best Practices

# VITAL Provider Engagement

## Pre-launch Activities

### Provider and Community

- Meeting Key Provider Organizations and Medical Centers
- Identify and Engage key Opinion Leaders
- State and County Health Agencies
- Professional Conferences
- Contact High Volume Practices



**Effective Communication  
with Providers is Critical to  
Program Success**

### Deliverables

- Provider Outreach Plan
- Provider Manual
- Hire Local Medical Directors

# VITAL Provider Engagement

## Multi-Modal Outreach to All Providers

### Collaboration

- Provider Advisory Board Consisting of Local Physicians to Champion and Advise
- PCCM/Enrollment Broker
  - Provider Stratification Data
  - Medical Home Assignments
  - Medical Director and Staff Visits to Providers and Facilities



**Driving Provider Awareness and Participation is a Key Goal**

### General and Targeted Communications

- Direct Mail Announcement
- Newsletters
- Provider Portal
- Post-assessment Follow-ups
- Provider Alerts for Critical Patient Issues
- Clinical Care Alerts - Gaps in Care Messaging for Improved Outcomes

# VITAL Provider Engagement

## Multi-Modal Outreach to All Providers

### Clinical Improvement

- Gaps in Care Alerts
- Profiling for Success
- Recognition to Those Exceeding Performance Benchmarks
- Education and Practice Support
- Extra Resources for Provider Care Team
  - Referrals
  - Enrollee Demographics



**Driving Provider Awareness and Participation is a Key Goal**

### Reporting

- Number and Type of Contacts
- Provider/Practice Attributes
- Provider Profiles
- Level of Engagement with CMO Program
- Compliments and Complaints
- Awards

# *Health Care Guidance Program, Coordinating with you for better care!*



- We are excited to be working alongside McKesson on improving healthcare for Nevada's sickest Medicaid recipients.



# Discussion and Wrap Up

